

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-576)**

SERIAL NO. 09-522480
APPLICANT(S) 1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	/					
2	/					
3	/					
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49						
50						
TOTAL INO.	7					
TOTAL DEF.	3					
TOTAL	12					

	INO.		DEF.		INO.		DEF.	
	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.
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